

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16268

FILED MAY 14 1953

State File No. 4374

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 3655 Flad Ave. 2179	
3. NAME OF DECEASED (Type or Print) a. (First) Carried b. (Middle) Bell c. (Last) Stringer		4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1887
9. AGE (In years last birthday) 65		10. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Steeleville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Cy Meyers		13b. MOTHER'S MAIDEN NAME Mary Unknown	
14. NAME OF HUSBAND OR WIFE William A.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME William A. Stringer, 3655 Flad Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralytic Illness INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatorenal Insufficiency 3 days DUE TO (c) Surgery for Acute Cholecystitis 5 days II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Hypertrophy, Hypertension, Diabetes Indefinite	
19a. DATE OF OPERATION 22 Apr 53		19b. MAJOR FINDINGS OF OPERATION Acute Cholecystitis	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 584X		22. I hereby certify that I attended the deceased from 22 Apr 53, to 27 Apr 53, that I last saw the deceased alive on 27 Apr 53, and that death occurred at 6:50 p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. Ernest Jones M.D.		23b. ADDRESS 634 N. Grand Blvd.	
23c. DATE SIGNED 28 Apr 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-29-53		24c. NAME OF CEMETERY OR CREMATORY Wood Lawn	
24d. LOCATION (City, town, or county) (State) Flat River, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. APR 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4108

P. O. Address St. Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.